

CLASS C REINSTATEMENT FORM

226961 226962

2010-295-T

<p><b>File the original with:</b></p> <p><b>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</b></p>	<p><b>2002-44-T</b> <b>Mail or fax a copy to:</b></p> <p><b>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</b></p>
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DATE: NOV-26-2010

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_
- ☒ Charter Certificate Number d/b/a. EASON VAN CHARTER
- ☐ Charter Bus Certificate Number \_\_\_\_\_
- ☐ Non-Emergency Certificate Number \_\_\_\_\_

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My certificate was revoked/cancelled on 2000 because FAIL TO FILE  
(DATE)

my annual report of 2009,

I am seeking reinstatement because Due to Sickness & Hospital, & Family Sickness

_____ (Name of Company)	DBA _____ (if applicable)
<u>2001 CHELTENHAM</u> (Street Address)	_____ (Mailing Address if different from Street Address)
<u>Columbia SC 29223</u> (City, State, Zip Code)	<u>Alton C Eason Sr</u> (Signature)
<u>803-261-8638</u> (Telephone Number)	<u>ALTON C. EASON SR</u> (Title) Owner, President, etc.

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